

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040125

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-1878639

sl-29477

10330

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 1 1962 318

1003

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUISLength of stay in 1b  
33 DAYSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR VET ADM. HOSPITAL  
INSTITUTIONInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY *W. Louis*

c. CITY OR TOWN ST. LOUIS (20)

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
3607 2008 GLEN ECHOReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

CARL

W.

COWELL

## 4. DATE OF DEATH

Month

Day

Year

OCTOBER

27

1962

## 5. SEX

male

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

4-13-95

## 9. AGE (last birthday)

67

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

ST. LOUIS, MISSOURI

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

WALTER COWELL

## 13b. MOTHER'S MAIDEN NAME

TILLIE SYKKE Sittig

## 14. NAME OF HUSBAND OR WIFE

NONE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

YES

WWI

## 16. SOCIAL SECURITY NO.

unk

## 17. INFORMANT

2008 GLEN ECHO

CARLINE COWELL (DAU) ST LOUIS, MO.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

BROCHOPNEUMONIA

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

491X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from 9-25-62 to 10-27-62 and last saw him alive on 10-27-62

Death occurred at 8:15 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title) A. MC ROBERTS

## 22b. ADDRESS

VAH, ST. LOUIS, MISSOURI

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

## 23b. DATE

10-31-62

## 23c. NAME OF CEMETERY OR CREMATORY

National Cem.

## 23d. LOCATION (City, town, or county)

Jeff. Brks., Mo.

## (State)

## 24. FUNERAL DIRECTOR

Southern Funeral Home

## ADDRESS

6322 S. Grand, St. Louis, Mo.

## 25. DATE RECD. BY LOCAL REG.

OCT 29 1962

## 26. REGISTRAR'S SIGNATURE

Head Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David Van Patten

Licensed Embalmer No. 4242

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.